

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Democratic Party of Virginia		FEC IDENTIFICATION NUMBER C C00155952	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Tenille Clyburn		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 531 19th St Newport News, VA 23607-5284		Amount 26.66	
City State Zip Code Newport News VA 23607-5284		Transaction ID: D31199	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Phil Kellam		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2732.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
Full Name (Last, First, Middle, Initial) of Payee Walteria Williford		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 1714 Jacquelyn St Richmond, VA 23222		Amount 30.00	
City State Zip Code Richmond VA 23222		Transaction ID: D31104	
Purpose of Expenditure GOTV Worker		Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Bobby Scott		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4162.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
(a) SUBTOTAL of Itemized Independent Expenditures		56.66	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Abbi Easter Signature		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	